Rationale for Initiation, Continuation and Discontinuation (RICaD)

# Rivaroxaban 2.5mg▼

For the prevention of adverse outcomes after acute management of acute coronary syndrome (NICE TA335).

This document supports the use and transfer of an agent which is classified as **AMBER**.
It is intended for completion by specialists in order to give Primary Care prescribers a clear indication of the reason for recommending an **AMBER** medication together with suggested criteria for its subsequent continuation or discontinuation. Sections requiring input from the specialist are shaded. This RICaD should be provided as a supplement to the specialist's clinical letter.

| **Patient details** | | **GP details** | | **Specialist details** | |
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| **Name** | | **GP Name** | **Dr** | **Specialist Name** | |
| **NHS Number** | | **GP address** | | **I confirm that this patient is eligible to receive rivaroxaban under the restrictions listed below** | |
| **DOB** | | | | **Signature** | |
| **Patient address** | | | | **Date** | |
| | | | | **Contact details** | |

**Rationale for Choice**

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| Relevant Diagnosis: | Post Acute Coronary Syndrome |
| Agreed Indication(s) for inclusion in the BSSE APC Formulary: | As specified in NICE TAG 335:<br><br>As an option for prevention of further atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers, in combination with<br>*either* aspirin plus clopidogrel<br>*or* aspirin alone |
| Reason why rivaroxaban has been chosen in preference to alternative options; | Specialists please type text below: |

**Guidance on Initiation**

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| Initiation | Following an informed discussion between myself and the patient about the benefits and risks of rivaroxaban in combination with aspirin plus clopidogrel *or* aspirin alone, I have initiated and provided 28 days' supply of<br>• Rivaroxaban 2.5mg (one tablet twice daily, with food) in combination with **EITHER**<br>  • Aspirin 75mg daily ***plus*** clopidogrel 75mg daily ☐ **OR**<br>  • Aspirin75mg daily alone ☐<br><br>**Please take care when selecting the required 2.5mg strength for rivaroxaban from the clinical system picking list.**<br><br>Deterioration of renal function can significantly increase plasma concentration.<br>Renal function should be assessed in all patients at least once a year or more frequently as needed in clinical situations when it is suspected that the renal function could decline or deteriorate. |

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| | The patient has been informed of the need for renal function tests every months (maximum 12 months) in order to assess suitability for ongoing treatment.(See below) |

| | Results | Date of test |
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| Baseline CrCL | | |
| CrCL | | |

**Suggested Criteria for Continuation or Discontinuation**

| **Assessment** | |
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| Frequency | At routine appointments but at least annually |
| Location | GP practice |
| Method (what tests are required) | • Renal function test<br>• Discussion with patient regarding compliance and any factors that may affect compliance (i.e. need for monitored dose system or swallowing difficulties)<br>• Reassess bleeding risk, including risk of falls, and use of medication associated with gastro-intestinal bleeding<br>• Review hepatic function |
| Test results and action | Renal function<br>• Mild to moderate renal impairment: No dosage adjustment necessary<br>• Severe renal impairment (creatinine clearance 15 - 29 ml/min): Use with caution – seek specialist advice<br>• Creatinine clearance < 15 ml/min: Discontinue and seek specialist advice<br><br>Compliance<br>• As indicated<br><br>Reassessment of bleeding risk<br>• As indicated. If elevated from initiation, seek specialist advice.<br><br>Hepatic function<br>• Discontinue if patient has developed hepatic disease associated with coagulopathy and clinically relevant bleeding risk. |
| Continuation Criteria | Appropriate renal and hepatic function, assessment of bleeding risk, and compliance confirmed, and length of treatment less than 12 months. |
| Discontinuation Criteria | Specialist to complete:<br>Unless discontinuation criteria are met before 12 months' treatment, or there are other compelling reasons to discontinue treatment, please:<br>• Continue treatment for 12 months, then STOP ☐ **OR**<br>• Continue treatment for a minimum of 12 months, and seek specialist advice regarding on-going treatment ☐ |
| Shared Care Read Code | In the patients notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement<br><br>**GP Prescribing System** / **Read Code** / **Description**<br>EMIS and Vision / 8BM5.00 / Shared care prescribing<br>SystmOne / XaB58 / Shared care |
| References | NICE TAG 335: rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome<br>SmPC Xarelto 2.5mg film coated tablets http://www.medicines.org.uk/emc/medicine/29371 Accessed 26 February 2016 |

**Appendix: Important Information from the Summary of Product Characteristics**

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| Special precautions | **Contraindications**<br>• Hypersensitivity to the active substance or to any of the excipients listed<br>• Active clinically significant bleeding.<br>• Lesion or condition, if considered to be a significant risk for major bleeding. This may include current or recent gastrointestinal ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophthalmic surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities.<br>• Concomitant treatment with any other anticoagulants e.g. unfractionated heparin (UFH), low molecular weight heparins (enoxaparin, dalteparin, etc.), heparin derivatives (fondaparinux, etc.), oral anticoagulants (warfarin, dabigatran etexilate, apixaban, etc.) except under specific circumstances of switching anticoagulant therapy or when UFH is given at doses necessary to maintain an open central venous or arterial catheter<br>• Concomitant treatment of ACS with antiplatelet therapy in patients with a prior stroke or transient ischaemic attack.<br>• Hepatic disease associated with coagulopathy and clinically relevant bleeding risk including cirrhotic patients with Child Pugh B and C<br>• Pregnancy and breast feeding<br><br>**Cautions**<br><u>Haemorrhagic risk</u><br>Several sub-groups of patients, as detailed below, are at increased risk of bleeding. These patients are to be carefully monitored for signs and symptoms of bleeding complications and anaemia after initiation of treatment<br><br><u>Renal impairment</u><br>In patients with severe renal impairment (creatinine clearance < 30 ml/min) rivaroxaban plasma levels may be significantly increased (1.6-fold on average) which may lead to an increased bleeding risk. Rivaroxaban is to be used with caution in patients with creatinine clearance 15 - 29 ml/min. Use is not recommended in patients with creatinine clearance < 15 ml/min<br>In patients with moderate renal impairment (creatinine clearance 30 - 49 ml/min) concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations rivaroxaban is to be used with caution.<br><br><u>Interaction with other medicinal products</u><br>The use of rivaroxaban is not recommended in patients receiving concomitant systemic treatment with azole-antimycotics (such as ketoconazole, itraconazole, voriconazole and posaconazole) or HIV protease inhibitors (e.g. ritonavir). These active substances are strong inhibitors of both CYP3A4 and P-gp and therefore may increase rivaroxaban plasma concentrations to a clinically relevant degree (2.6 fold on average) which may lead to an increased bleeding risk<br>Care is to be taken if patients are treated concomitantly with medicinal products affecting haemostasis such as non-steroidal anti-inflammatory medicinal products (NSAIDs), acetylsalicylic acid (ASA) and platelet aggregation inhibitors. For patients at risk of ulcerative gastrointestinal disease an appropriate prophylactic treatment may be considered. Patients should only receive concomitant treatment with NSAIDs if the benefit outweighs the bleeding risk.<br><br><u>Other haemorrhagic risk factors</u><br>As with other antithrombotics, rivaroxaban is NOT RECOMMENDED in patients with an increased bleeding risk such as:<br>• congenital or acquired bleeding disorders<br>• uncontrolled severe arterial hypertension<br>• other gastrointestinal disease <u>without active ulceration</u> that can potentially lead to bleeding complications (e.g. inflammatory bowel disease, oesophagitis, gastritis and gastroesophageal reflux |

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| | disease)<br>• vascular retinopathy<br>• bronchiectasis or history of pulmonary bleeding.<br><br><u>Dosing recommendations before and after invasive procedures and surgical intervention other than elective hip or knee replacement surgery</u><br>If an invasive procedure or surgical intervention is required, rivaroxaban should be stopped at least 24 hours before the intervention, if possible and based on the clinical judgement of the physician.<br>If the procedure cannot be delayed the increased risk of bleeding should be assessed against the urgency of the intervention.<br>Rivaroxaban should be restarted as soon as possible after the invasive procedure or surgical intervention provided the clinical situation allows and adequate haemostasis has been established as determined by the treating physician.<br><br><u>Elderly population</u><br>Increasing age may increase haemorrhagic risk. |
| Additional info: | At the time of writing, no antidote to rivaroxaban had been brought to market. However PCC can be used on the advice of a haematologist.<br><br>The tablets are to be taken with food.<br><br>For patients who are unable to swallow whole tablets, rivaroxaban tablets may be crushed and mixed with water or apple puree immediately prior to use and administered orally. After the administration of the crushed tablets, the dose should be immediately followed by food.<br><br>The crushed rivaroxaban tablet may also be given through gastric tubes after confirmation of the correct gastric placement of the tube. The crushed tablet should be administered in a small amount of water via a gastric tube after which it should be flushed with water. After the administration of the crushed tablets, the dose should be immediately followed by food.<br><br>If a dose is missed the patient should continue with the regular dose as recommended at the next scheduled time. The dose should not be doubled to make up for a missed dose.<br><br>Rivaroxaban has a minor influence on the ability to drive and use machines. Affected patients should not drive or operate machinery.<br><br>Rivaroxaban can be transferred to “monitored dose systems”.<br><br>A liquid formulation is not available.<br>Rivaroxaban ▼is a black triangle drug. All suspected adverse effects should be reported to the MHRA www.yellowcard.gov.uk |

**Please note the information included in this document is correct at the time of writing. The manufacturer’s Summary of Product Characteristics (SPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.**